

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 8,899,006
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
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8	/						58						
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33		/					83						
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35		/					85						
36		/					86						
37		/					87						
38		/					88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44		/					94						
45	/						95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	33					
TOTAL DEP.							TOTAL DEP.	24					
TOTAL CLAIMS							TOTAL CLAIMS	57					